

FEB 25 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1450

## 1. PLACE OF DEATH

County Jackson  
 Township Haw  
 City N.E. 72nd

Registration District No. 399Primary Registration District No. 1002(No. St. Vincent)

File No. \_\_\_\_\_

Registered No. 201

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2301 College

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov-14-1936

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

child

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

N. C. Meo

## FATHER

## 13. NAME

Edward E. Hamilton

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

## MOTHER

## 15. MAIDEN NAME

Mary Barryman

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

## 17. INFORMANT (ADDRESS)

Earl Hamilton  
2301 College, ave

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Green LawnDATE Jan, 18-37

## 19. UNDERTAKER (ADDRESS)

Mrs. C. L. Garster  
218 Broadway, Kansas

## 20. FILED

Jan 15 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 15, 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

Nov. 14, 1937, to Jan. 16, 1937I last saw him alive on Jan. 15, 1937. Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset

Jan. 11, 1937

Other contributory causes of importance:

1070

Name of operation

no

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. Stanley Everett, M. D.

(Address)

520 Professional Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

107a

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

#### 1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. ....

Township Kansas City

Primary Registration District No. 1002

Registered No. 241

City St. Vincent

(No. St. Vincent)

St. .... Ward)

#### 2. FULL NAME

Edward Earl Hamilton Jr.

(a) Residence, No. 2301 College St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

#### PERSONAL AND STATISTICAL PARTICULARS

#### MEDICAL CERTIFICATE OF DEATH

##### 3. SEX

M

##### 4. COLOR OR RACE

W

##### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S

##### 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

##### 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

11-14-36

##### 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION

##### 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

##### 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

##### 10. Date deceased last worked at this occupation (month and year)

##### 11. Total time (years) spent in this occupation

##### 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

##### 13. NAME

##### 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

##### 15. MAIDEN NAME

##### 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

##### 17. INFORMANT (ADDRESS)

##### 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

##### 19. UNDERTAKER (ADDRESS)

##### 20. FILED

1/15/37 Dr. J. S. Browne Registrar

##### 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 15 1937

##### 22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia  
(Primary)

Date of onset

##### Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

##### 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

##### Manner of injury

##### Nature of injury

##### 24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) F. J. Thoresen, M. D.

(Address) 520 Professional Bldg

5-1450